

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-975)**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5		1				
6		1				
7		1				
8	1					
9		1				
10		1				
11		1				
12		1				
13	1					
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23	1					
24		1				
25		1				
26	2	3	1	1		
27	8		1	1		
28						
29						
30						
31						
32						
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34						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	71		6			
TOTAL DEP.	23	←	22	←	←	
TOTAL CLAIMS	20		28			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						

31

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS